

The cost for rental of this date is _____. Check is to be made payable to the Town of Grafton and forwarded to the Office of the Grafton Recreation Commission, 30 Providence Road, Grafton, MA, 01519, upon receipt of bill.

**Please sign stating that you have read and understand the following rules.
Please share these rules with all coaches in your organization.**

Waiver: In consideration of this application, I release the Town of Grafton, its employees, agents, representatives, and other person or organizations for whose conduct it is responsible from any and all liability, loss, damage, cost, claims and /or causes of action, including but not limited to all bodily injuries and property damage resulting or arising from the use of the premises, facilities, or equipment of the Town of Grafton, or caused in any way by the Town of Grafton, its employees, agents, representatives, and other persons or organizations for whose conduct it is responsible. I am in the necessary physical condition necessary to participate in the activity we registered for.

GROUP NAME _____

CONTACT PERSON _____

ADDRESS _____

HOME PHONE NO. _____ WORK PHONE NO. _____

President's Signature _____ Date _____